

PARENT/GUARDIAN CONSENT FOR MINOR VISIT AND /OR ESCORT

Offender Name:	DOC Number:				
Notarized, written permission from the non-invisit an offender. I understand that visits in pminor's birth certificate and, if appropriate, a must accompany this form.	rison are likely c copy of the cour	ontact visits, order or pov	but may be no-contact visi ver of attorney establishing	ts. A copy of the guardianship	
A signature from the identified non-incarcerate		ian is require	<u> </u>		
Minor's Name (print)	Date of Birth		Minor's Name (print)	Date of Birth	
By checking the box (es) next to the minor's names above, I authorize the following individuals to escort the minors to visit the above offender. Authorized Adult Escort (s) for above identified minor (s)					
Adult Escort's Name (print)	Date of Birth	Adul	t Escort's Name (print)	Date of Birth	
radic 2000 to Hamo (print)	Date of Birth	71001	t 2000it o itamo (pint)	Date of Birth	
PARENT OR LEGAL GUARDIAN CONSENT					
Sign the following in the processes of a Rublic Notary					
Sign the following in the presence of a Public Notary, Non-Incar			rcerated Parent/Guardian (Signature) Date		
I do swear either from personal knowledge the person appearing before me as named			ence, that the signature o	n this form is that of	
SUBSCRIBED AND SWORN TO BEFORE ME THIS DAY OF					
	Day		Month, Year		
SEAL					
Notary Signature					
NOTARY PUBLIC in and for the state of:					
County of:					
	Printed Name				
My Commission Expires					

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

Distribution: ORIGINAL - Imaging System

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